

FILED MAY 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

15494  
1856

|   |  |  |  |   |  |   |  |
|---|--|--|--|---|--|---|--|
| BIRTH NO. ....  |  | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1002</u>  |  | Registrar's No. ....  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b><br>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b><br>c. LENGTH OF STAY (in this place) <b>34 years</b><br>d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)<br>a. STATE <b>MISSOURI</b><br>b. COUNTY <b>Jackson</b><br>c. CITY OR TOWN <b>KANSAS CITY</b><br>d. STREET ADDRESS (If rural, give location) <b>4247 PASEO</b> |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>FRANK</b>   |  | a. (First) <b>B.</b>   |  | b. (Middle) <b>INGRAM</b>   |  | c. (Last)   |  |
| 4. DATE OF DEATH <b>April 26, 1955</b>  |  | 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>               |  |
| 8. DATE OF BIRTH <b>Sept. 15, 1887</b>  |  | 9. AGE (In years last birthday) <b>67</b>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Trouble Shooter</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Hopkins, Missouri</b>         |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |  | 13a. FATHER'S NAME <b>Mack Ingram</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Sara Wilcox</b>  |  | 14. NAME OF HUSBAND OR WIFE <b>ANNA INGRAM</b>                                      |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>  |  | 16. SOCIAL SECURITY NO. <b>unk.</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME <b>VA Hospital Official Records, K.C. Mo.</b>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.<br><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary edema</b><br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Coronary infarction</b><br>DUE TO (c) <b>Occlusion of circumflex coronary artery</b><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Aspiration of gastric contents</b> |  | 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>VA</b>                  |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?   |  | 22. I hereby certify that I attended the deceased from <b>March 7, 1955</b> , to <b>April 26, 1955</b> , and that death occurred at <b>6:45 Am.</b> , from the causes and on the date stated above.   |  |   |  |
| 23a. SIGNATURE <b>DORIEA WEYBRIGHT, M.D.</b>  |  | 23b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>  |  | 23c. DATE SIGNED <b>4/26/55</b>   |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>   |  | 24b. DATE <b>APRIL 29, 1955</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Mt. WASHINGTON CEMETERY</b>   |  | 24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>           |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE <b>D. H. Newcomer</b>  |  | 25. FUNERAL DIRECTOR'S ADDRESS <b>Sons, Kansas City, Mo.</b>                             |  | 26. DATE REC'D BY LOCAL REG. <b>4-27-55</b>   |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1961 FEB 1966

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 487

P. O. Address KC MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.